

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 19 2016

1. CARRIER INFORMATION:

1648 | AMERICAN SEDAN INC

*WMATC No. *Name of Carrier (as shown on certificate of authority)

10810 NORMAN AVE | | FAIRFAX | VA | 22030

*Street Address of Principal Place of Business

Apt./Suite City

State

Zip

P.O BOX 2404

FAIRFAX

VA

22031

Mailing Address (if different from street address)

Apt./Suite City

State

Zip

703-764-4491

703-861-3777

703-880-0143

info@americansedandc.com

*Telephone

Other Telephone

Fax

E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2006262 | | T25005938 | 477478

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

MOHAMMAD GHANNAM | ACCOUNT REPRESENTATIVE

*Name

*Title

703-764-4491

703-861-3777

703-880-0143

msgghannam@gmail.com

*Telephone

Other Telephone

Fax

E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

ZAKARIA ABBAS | 202-269-4365

Name of Registered Agent for Service of Process

Telephone

E-mail

1657 CRITTENDEN STREET

WASHINGTON

DC

20017

Agent Address (must be inside Metropolitan District)

Apt./Suite City

State

Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NONE

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	2011	LINCOLN	2NLBL8EVXBX765378 ✓	AMSDN18	VA	6	NO
2	2012	Mercedes	WDDNG9EB7CA436896 ✓	AMSDN10	VA	5	NO
3	2014	Lincoln	2LMHJ5NK1EBL55806 ✓	AMSDN34	VA	5	NO
4	2015	Chevrolet	1GNSKJKC3FR148056 ✓	AMSDN7	VA	8	NO
5	2015	Chevrolet	1GNSKJKC1FR163459 ✓	AMSDN5	VA	8	NO
6	2015	Chevrolet	1GNSKJC9FR160437 ✓	AMSDN11	VA	8	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Mohammad S Ghannam

*Name (type or print)

CEO

*Title (not required for sole proprietors)



*Signature

01/08/2016

*Date

Search For

Records: 6

☒ Hide Inactive Vehicles[illegible]

Self-Set

Add

EQU

Maintenance

Delete

Change car number

Expired Inspection Vehicle List

GPS Vehicle Info

JAN 19 2016

JAN 19 2016